

10F2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 9/594673		FILING DATE										
						APPLICANT(S)												
CLAIMS																		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51	/										
2	/						52	/										
3		/					53	/										
4		/					54	/										
5	/						55	/										
6	/						56	/										
7	/						57		2									
8		/					58		6									
9		/					59		10									
10	/						60		6									
11	/						61		9									
12	/						62		2									
13		/					63		2									
14		/					64		2									
15	/						65		2									
16	/						66	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; position: relative;"> </div>										
17	/						67											
18		/					68								/			
19		/					69								/			
20	/						70								/			
21	/						71								/			
22	/						72								/			
23		/					73								/			
24		/					74								/			
25	/						75								/			
26	/						76		/									
27	/						77		/									
28		/					78	/										
29		/					79	/										
30	/						80	/										
31	/						81	/										
32	/						82		2									
33		/					83	/										
34		/					84		/									
35	/						85		/									
36	/						86	/										
37	/						87	/										
38		/					88	/										
39		/					89		/									
40	/						90	/										
41		10					91		/									
42	/						92		/									
43	/						93		/									
44	/						94		/									
45	/						95	/										
46	/						96		/									
47	/						97		/									
48	/						98		/									
49	/						99	/										
50	/						100	/										
TOTAL IND.							TOTAL IND.											
TOTAL DEP.							TOTAL DEP.											
TOTAL CLAIMS							TOTAL CLAIMS											

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							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1					51						
102	1						52						
103	1						53						
104	1						54						
105	1						55						
106		2					56						
107		1					57						
108		1					58						
109		1					59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	55						TOTAL IND.						
TOTAL DEP.	85						TOTAL DEP.						
TOTAL CLAIMS	140						TOTAL CLAIMS						